



**State of Rhode Island
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August 18, 2016

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| ADDENDUM # 1 |
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RFP: # 7550811

Title: ADMISSION SCREENING AND UTILIZATION REVIEW MANAGEMENT

Bid Closing Date & Time: September 1, 2016 at 11:00 AM (Eastern Time)

Notice to Vendors

**ATTACHED ARE VENDOR QUESTIONS WITH STATE RESPONSES. NO
FURTHER QUESTIONS WILL BE ANSWERED.**

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Interdepartmental Project Manager**

Interested parties should monitor this website, on a regular basis, for any additional information that may be posted.

Vendor Questions for RFP # 7550811 ADMISSION SCREENING AND UTILIZATION REVIEW MANAGEMENT

Question 1: Please confirm that PASRR evaluations for all beneficiaries going into Nursing Facilities who are serviced by Managed Care Organizations must be performed by the vendor. (Page 5)

Answer to question 1:

No, the potential contractor will not perform PASRR evaluations for all beneficiaries going into Nursing Facilities who are serviced by Managed Care Organizations, only Level II evaluations for beneficiaries already admitted into nursing facilities (suspected of MI) and it will include beneficiaries serviced by MCO's, or not.

Question 2: Does the Agency anticipate any significant (+ or – 5%) volume increase or decrease for the Admission Screening Program, Utilization Review and Management, and/or PASRR Level II evaluations over the course of this contract?
If so, please note the type and estimate the degree of increase or decrease anticipated. (Page 9)

Answer to question 2:

No.

Question 3: Does the 116 PASRR evaluations include the number of evaluations performed for individuals receiving institutional services under managed care or only those under Fee For Service (Page 9)

Answer to question 3:

FFS and Managed care.

Question 4: What are the per evaluation reimbursement rates under the current FY contract for each type of evaluation/review? (Page 9)

Answer to question 4:

| | |
|---|-----------|
| Concurrent Review..... | \$ 74.44 |
| Psychiatric Facility concurrent/LOS review..... | \$ 107.85 |
| Retrospective/Readmission Review..... | \$ 116.65 |
| Psychiatric Facility retrospective review..... | \$ 119.57 |

PASRR REVIEWS

Wages by Staff/Category:

| | |
|--|-----------|
| Project Manager..... | \$ 100 |
| Network Support Specialist..... | \$ 49 |
| Fringe Benefit Rate..... | 33.55% |
| Other Direct Costs..... | \$ 58,522 |
| Overhead, Admin, Indirect Cost Rate..... | 48.51% |
| Profit..... | 5.00% |

Question 5: What are the required turnaround times for all evaluation/review types?

Answer to question 5:

The turnaround times vary according to the type of service performed.

Question 6: The RFP states that Bidders must be both:

- *Licensed by the Rhode Island Department of Mental Health to serve as a Utilization Review company under this procurement and accredited by a nationally recognized body*
AND
- *A Quality Improvement Organization (QIO) or one of other types of entities recognized and approved by the Secretary of the Federal Department of Health and Human Services.*

Typically, national accreditation OR designation as a QIO/QIO-like entity would be required by States for similar contracts. Would the Department consider vendors who represent one but not both of these requirements? (Page 10)

Answer to question 6:

The contractor must be licensed by the Rhode Island Department of Health, and;

Be a Quality Improvement Organization (QIO) or one of other types of entities recognized and approved by the Secretary of the Federal Department of Health and Human Services, such as an External Quality Review Organization (EQRO), or a utilization and quality control peer review organization.

Question 7: Would the state consider a referral center located outside of Rhode Island and its contiguous states? (Page 11)

Answer to question 7:

No. The Contractor shall establish and maintain at least one referral center in Rhode Island or in a contiguous state and be adequately staffed.

Question 8: Must all toll-free calls be handled through the Referral Center in Rhode Island or a contiguous state? May some calls be directed to an overflow center outside of the state? (Page 11)

Answer to question 8:

Calls must be handled in Rhode Island or a contiguous state.

Question 9: Is a system currently in place for the transfer of screening and concurrent review information? (Page 12)

Answer to question 9:

Yes.

Question 10: The RFP states that the Contractor shall “*integrate and communicate with State’s MMIS claims and management system.*”

Please explicitly describe what is meant by “*integrate*” and “*communicate.*” (Page 12)

Answer to question 10:

The contractor must be registered to access Medicaid beneficiary information for the purpose of effectively performing the duties enumerated in this RFP.

Question 11: The RFP states: *The nurse reviewer shall request the following information from the admitting provider and record such information in the Contractor's data system.*

Please describe all requirements of the Contractor's data system. (Page 14)

Answer to question 11:

The contractor's data system should include all requirements stated in the proposal within any reference to the contractor's data system or any similar reference.

Question 12: Is there an estimated contract award date? (Page 27)

Answer to question 12:

January 1, 2017.

Question 13:

- a. Does the Agency anticipate any changes in definitions or guidelines for recommending ID/RC specialized services over the course of this contract?
- b. Does the Agency anticipate any changes in volumes of recommendations for ID/RC specialized services over the course of this contract?
 - If so, as specialized service recommendations lead to other tracking activities with cost implications for the vendor, please estimate the volume impact.

Answer to question 13:

We do not anticipate any changes in definitions, guidelines, or volume.

Question 14: **IQ testing:** At times, when conducting ID/RC Level II evaluations, IQ testing is required to confirm or disconfirm the presence of an ID diagnosis. When historical or recent IQ testing is not available, the Vendor may be required to conduct IQ testing as part of the Level II evaluation.

So that vendors' cost estimates are based on the same expectations, and therefore are more transparently comparable to each other, please indicate the estimated percentage of Level II evaluations for which IQ testing is likely to be required per the State's standards.

Answer to question 14:

Under this proposal the contractor will not be performing Level II evaluations for identified or suspected ID/RC.

Question 15: Foreign language and sign translators are significant costs due to high populations of persons requiring sign and other translation supports.

- a. Are the costs of translators to be factored into PASRR Level II evaluation rates?
- b. Please estimate the percentage of evaluations likely to require language or sign translators.

Answer to question 15:

- a. The bidder may include any costs they deem necessary into the prescribed cost proposal format provided in the RFP.
- b. We are unable to estimate a percentage at this time.

Question 16: Can you provide an average turnaround time for Utilization Review, PASRR, Approval, and Denials? P. 8

Answer to question 16:

Turnaround times for Utilization Review is 24 hours, and seven days for PASRR. The same applies to approvals and denials for each service, respectively.

Question 17: Does the current Contractor use InterQual, Care Guidelines, or some other nationally recognized criteria? P. 8

Answer to question 17:

The practices of the current contractor are not related to this RFP.

Question 18: Are Retrospective reviews post-discharge medical record reviews or conducted while the patient is still in the hospital? P. 8

Answer to question 18:

They are most likely post-discharge medical record reviews.

Question 19: The RFP states that the Contractor will conduct Level II PASRR evaluations in the nursing facilities. Does that mean Preadmission evaluations are conducted after admission to the nursing facility? P. 8

Answer to question 19:

Preadmission evaluations and are always conducted prior to admission to the nursing facility.

Question 20: Does the State require that the Contractor has a status that entitles the State to receive an enhanced match for utilization review activities? PASRR activities are eligible for 75% match based on the activity, not the contractor (and EQRO has the same condition). Enhanced match for utilization review still requires a QIO or QIO-like entity. P. 9

Answer to question 20:

This proposal requires the bidder to be a Quality Improvement Organization (QIO) or one of other types of entities recognized and approved by the Secretary of the Federal Department of Health and Human Services, such as an External Quality Review Organization (EQRO), or a utilization and quality control peer review organization.

Question 21: Clarify what the RFP means by setting similar to physicians in Rhode Island. P. 11

Answer to question 21:

Similar to settings in which Rhode Island physicians work in.

Question 22: The RFP states, “The bidder must guarantee the ability to comment providing services upon signing a contract and the ability to carry out the full volume of services specified in the RFP.” Does that statement mean there is no transition timeframe between contract signing and conducting reviews? P. 11

Answer to question 22:

The bidder must guarantee the ability to commence providing services upon signing a contract and, upon signing, must have the ability to carry out the full volume of services specified in the RFP.

Question 23: Please clarify encouragement for subcontracting with provider networks; would this relationship be a conflict of interest for utilization management? P. 12

Answer to question 23:

This item is listed for illustrative purposes only. EOHHS would not approve a sub-contractor arrangement resulting in a conflict of interest.

Question 24: Are onsite reviews conducted at the NICU in Women and Infants Hospital the only NICU reviews, or would the Contractor need staffing in addition to the full-time RN FTE? Are physician reviews for NICU cases, if needed, also onsite? P. 13

Answer to question 24:

Women and Infants hospital is the only NICU. EOHHS expects physician reviews to be done in the most clinically appropriate setting.

Question 25: Please clarify the expected role & responsibilities of the nurse assigned to the NICU at Women and Infants Hospital. P. 14

Answer to question 25:

Admission screening, concurrent review, and discharge planning.

Question 26: Is the Contractor expected to perform the admissions and discharge planning activities as a provider and perform retrospective or concurrent reviews on the same case? P. 14

Answer to question 26:

Yes.

Question 27: If the answer to question 17 above is Yes, where should the costs be proposed in Appendix C? P. 14

Answer to question 27:

Admissions and discharge planning activities in Admission Screening, and retrospective and concurrent reviews in Utilization Review and Management.

Question 28: If the answer to question 17 above is Yes, how many Admissions and how many Discharges are expected annually in the NICU at Women and Infants Hospital? P. 14

Answer to question 28:

The table on page 9 lists 540 NICU screens for SFY 2015.

Question 29: What does the first bullet mean – that the admission and length of stay is approved? Under DRGS, would the Contractor continue to assign a length of stay? P. 15

Answer to question 29:

Under DRG's, the contractor would not assign a length of stay.

Question 30: Please confirm that a nurse review may deny an admission if the admitting provider agrees. What is the frequency of this result? P. 15

Answer to question 30:

The nurse reviewer may deny the admission. However; this rarely occurs.

Question 31: Please clarify the process the Contractor uses to obtain the list of hospitals for Retrospective Review and the list of records to review. P. 19

Answer to question 31:

EOHHS will provide a list to the contractor.

Question 32: Given that hospital staff or a community provider often completes the Level II evaluation, under what circumstances does the Contractor perform the Level II? P. 21

Answer to question 32:

The contractor under this procurement shall conduct the Level II evaluations for all patients residing in nursing facilities who have been identified or suspected of MI.

Question 33: Are the staff members referenced in this section full-time positions? P.22

Answer to question 33:

Yes.

Question 34: Please clarify Contractor responsibility and process for determination of need for a Community Mental Health Center Extended Level II evaluation. P.23

Answer to question 34:

This need is not a responsibility of, and is not a role of, the Contractor.

Question 35: Monthly reports are indicated to have a 5-business day turnaround time; can you describe what the turnaround time is for quarterly and annual reports? P.24

Answer to question 35:

Quarterly- 5 days. Annual- 30 days.

Question 36: If review activities comment on contract signing, when would the readiness review occur – prior to contract signing? P.26

Answer to question 36:

Yes.

Question 37: Do the unit rates in this section include costs of physician reviews, and if so, can the State provide a count of physician reviews for each category, or a physician review rate?
P.26

Answer to question 37:

Yes, unit rates include costs of physician reviews. EOHHS does not have a count of physician reviews for each category. A physician review rate, as part of the cost submission, is a choice of the bidder.

Question 38: Since the NICU review function requires an RN onsite at the hospital, Proposers must have an indication of the level of effort to submit a responsive proposal. Would the State consider allowing Proposers to submit pricing for this position in the same format at PASRR pricing? P.26

Answer to question 38:

No.

Question 39: Please clarify the “profit/savings” category of pricing relative to rates for these positions. P.27

Answer to question 39:

The category is self-explanatory. The rate entered is the bidder’s choice.

Question 40: Ad hoc reports are indicated as a requirement under Quality Assurance Activity reports, can you please describe the typical ad hoc request, frequency of these requests, and expected turn-around-time. P.28

Answer to question 40:

“Ad hoc” indicates future needs once we begin the new contract period. It is difficult to predict type, frequency, and turn-around time.

Question 41: What is the current turnaround time for completing Level II PASRR evaluations in the State of Rhode Island?

Answer to question 41:

Level II evaluations are to be done within seven days of identification or suspicion of MI.

Question 42: Please provide any contract maximum value for this procurement.

Answer to question 42:

That information is not available to bidders. Bidders should submit their lowest possible priced cost proposal.

Question 43: Please provide additional information about Disease management programs available for Medicaid recipients including how the Contractor would be aware of this status.

P. 16

Answer to question 43:

Once the contract is entered into, EOHHS will notify the contractor of the disease management programs.

Question 44: Please clarify how this is process done? P. 16 Section 3 (Specific Activities/Tasks: Notify Parties of Decision.

Answer to question 44:

The contractor will notify, in writing, to the parties listed, of the decision, and include all items listed in the RFP.

Question 45: Does the 24 working hour turnaround time also apply to review of elective admissions? If not, what is the turnaround time? P. 18

Answer to question 45:

Yes.